

Date Application Received: _____

Application for Final Subdivision Plat Approval City of Harrisonburg, Virginia

Fee: \$150.00 + \$20.00 per lot

Total Paid: \$ _____

I, _____, hereby apply for final subdivision plat approval of the following property located within the City of Harrisonburg:

Title of Subdivision: _____

Location: _____

Total Acreage: _____ Number of lots proposed: _____

Average lot size: _____ Zoning Classification: _____

Proposed Use: _____

Owner: _____

Address: _____

Telephone: Work _____ Fax _____

Email: _____ Mobile _____

Contact Person (*if other than owner*): _____

Address: _____

Telephone: Work _____ Fax _____

Email: _____ Mobile _____

Developer: _____

Address: _____

Telephone: Work _____ Fax _____

Email: _____ Mobile _____

Surveyor/Engineer: _____

Address: _____

Telephone: Work _____ Fax _____

Email: _____ Mobile _____

Note to Applicants

The City of Harrisonburg's preliminary plat and subdivision requirements are in the code of Harrisonburg, Subdivision Ordinance, Sections 10-2-1 through 10-2-86. Please read these requirements carefully.

Property Owner's Signature: _____

Date: _____